

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

09/868901

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		2					52						
3	1						53						
4		2					54						
5							55						
6							56						
7			1				57						
8				1			58						
9				1			59						
10				1			60						
11			1				61						
12				1			62						
13				1			63						
14				1			64						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.		2		1			TOTAL DEP.						
TOTAL CLAIMS	2		2				TOTAL CLAIMS						